

COMBINED DECLARATION / POWER OF ATTORNEY

AS BELOW NAMED INVENTOR, I HEREBY DECLARE THAT: This Declaration is of the following type:

- ☐ Original ☐ Supplemental ☐ Continuation-In-Part ☐ Divisional
☐ Continuation ☒ National Stage of PCT

My residence, post office address and citizenship are as stated below next to my name: I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention METHOD AND APPARATUS FOR REDUCING FREQUENCY ERRORS ASSOCIATED WITH AN INTER-SYSTEM SCAN, the specification of which:

- ☐ is attached hereto.
☒ was filed on _____ as Serial No. 10/529,343.
☐ was amended on _____ (if applicable).
☒ was described and claimed in PCT International Application No. PCT/GB2003/004179 filed on 24 September 2003 and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above: I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

			Priority Claimed
<u>Great Britain</u>	<u>0222379.0</u>	<u>26 September 2002</u>	<u>X</u>
(Country)	(Application No.)	(Day/Month/Year/Filed)	(Yes) (No)

I hereby claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below:

(Serial No.)	(Filing Date)	(Status)
_____	_____	_____

I hereby claim the benefit under Title 35 USC 120 of the United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC 112, I acknowledge the duty to disclose material information as defined in Title 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

(Serial No.)	(Filing Date)	(Status)
_____	_____	_____

I hereby appoint the attorneys and/or agents associated with Customer No. 23696 to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Please direct all telephone calls to Philip R. Wadsworth at (858) 651-4404 and address all correspondence to: QUALCOMM Incorporated, Patent Department, 5775 Morehouse Drive, San Diego, California 92121-1714.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Joint Inventor <u>Alan Andrew Smith</u>	Inventor Signature <u>Deceased/see Legal Representative Declaration</u>	Date _____
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DECLARATION	LEGAL REPRESENTATIVES (35 U.S.C. 117) Supplemental Sheet
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Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Julie</u>		<u>Stuart</u>	
Legal Representative's Signature		Date <u>24/7/05</u>	
Residence: City:	<u>Longfield</u>	State: <u>Kent</u>	Country: <u>United Kingdom</u>
Citizenship:		<u>Great Britain</u>	
Mailing Address: <u>17 Lambardes, New Ash Green</u>			
Mailing Address: <u>Longfield, Kent, DA3 8HX, United Kingdom</u>			
City: <u>Longfield</u>	State <u>Kent</u>	Zip <u>DA3 8HX</u>	Country <u>United Kingdom</u>
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

(DECLARATION 35USC117.VER1.0_01/11/05)